

ARIZONA DEPARTMENT OF HEALTH SERVICES, OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
TBI/SCI/CYSHCN BILLING AND INVOICE PACKET  
FAMILY RESOURCE COORDINATION DETAIL SHEET  
CONTRACTOR NAME:  
ADHS CONTRACT #:  
BILLING MONTH:

PC INDEX #:

ADHS PO#:  
State Fiscal Year: 2008

DATE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
P R O G R A M	FRC Staff Name	Contractor Hourly Rate	Monthly FRC Staff Hours	Total Costs FRC Staff Hours	FRC Staff Community Outreach Education Hours	Total Costs FRC Staff Community Outreach Education Hours	FRC Staff Training Hours	Total Costs FRC Staff Training Hours	Total FRC Staff Hours	Total Costs FRC Staff Services	FRC Staff Mileage	Mileage Rate	Total FRC Staff Mileage Costs	T O T A L
GRAND TOTAL														
T B I	TBI TOTAL													
S C I	SCI TOTAL													
C Y S H C N	CYSHCN TOTAL													